## **Sample Controlled Substance Prescription**

Per AB474, Section 61(2), Prescriptions must contain:

□Date of Birth □CD-10 diagnosis □Fewest number of days to consume the medication (adherence to Prescribe 365) □DEA number of the prescribing physician
John Doe, MD  1 Maple St. Carson City, NV 89703 Phone: (999) 999-9999 Fax: (999) 999-9998 DEA No.: XX-1234567
Name: <u>Sally Sample</u> DOB: <u>07/04/1970</u>
ICD-10 DX: <u>G89.28</u> Date: <u>10/01/2017</u>
This prescription provides(number of days)days of medication
Oxycodone 5mg tabs  1 tab po q 4-6 hours prn pain  Dispense # (number of pills)  Maximum of(number of daystabs per 24-hour period
John Doe, MD